

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034538

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2250 STATE FILE NUMBER

FILED AUG 19 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Bridgeton	
Length of stay in 1b 7 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS 3830 Harmony La.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last George Morris			4. DATE OF DEATH Month Day Year July 14 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/8/1902	9. AGE (last birthday) 61	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Cook		11. BIRTHPLACE (City and state or country) Foster, Kentucky	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles J. Morris		13b. MOTHER'S MAIDEN NAME Rose Radenheimer	
14. NAME OF HUSBAND OR WIFE Cecil Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Cecil Morris		Address 3830 Harmony La.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain hemorrhage DUE TO (b) Skull fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down stairway
20c. TIME OF INJURY Hour a.m. 7:00 7/8/63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Bridgeton	COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at 6:50 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James H. Harris Coroner
22b. ADDRESS
Clayton, Missouri
22c. DATE SIGNED
7/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
23b. DATE
7/17/1963
23c. NAME OF CEMETERY OR CREMATORY
National Cemetery
23d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR
Collier Mortuary
ADDRESS
St. Ann, Mo.
25. DATE RECD. BY LOCAL REG.
7-15-63
26. REGISTRAR'S SIGNATURE
James H. Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4002

2 4018

3

4 0

5 1

6

7 1

8 1

9 9000

10 21

11 400

12 45-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sheldon Collins

Licensed Embalmer No.

2382

P. O. Address

St. Ann MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.